

# PHYSICIAN'S ORDER SHEET

I CERTIFY THAT THIS PATIENT NEEDS INPATIENT HOSPITAL SERVICES.

PHYSICIAN'S SIGNATURE \_\_\_\_\_

M.D. DATE \_\_\_\_\_

ANOTHER BRAND OF THERAPEUTICALLY EQUIVALENT PRODUCT, APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE, MAY BE ADMINISTERED UNLESS (SPECIFIC) IS WRITTEN AFTER THE MEDICATION ORDER.

DATE 1/2/13 TIME 10:00 AM ☐ OBSERVATION ☐ ADMISSION

094360 02

① IVF → NS @ 125 cc/h - Done in ER 3:55

② Saline Enema - 1 liter - high rotational now and if not clear give another 1 liter in 1 hr Done in ER 3:55

③ please inspect effluent from rectum with the police officer when PT has bowel movement

④ NPO

Eckert

DATE \_\_\_\_\_ TIME \_\_\_\_\_ ☐ OBSERVATION ☐ ADMISSION

⑤ PT is for OR for Flexible Sigmoidoscopy/Colonoscopy @ 1 AM 1/3/13

⑥ CBC CMP 12 lead EKG CXR as prep stat

⑦ See Judge's order for Consent for this procedure.

Eckert

Eckert

DATE \_\_\_\_\_ TIME \_\_\_\_\_ ☐ OBSERVATION ☐ ADMISSION

PHYSICIAN'S ORDERS

PLAINTIFF'S EXHIBIT

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